



DEPARTMENT OF THE NAVY

NAVAL AIR STATION OCEANA
1750 TOMCAT BOULEVARD
VIRGINIA BEACH, VIRGINIA 23460-2168

Canc: Jan 04

IN REPLY REFER TO:

NASOCEANANOTE 1754
30

OCT 28 2003

NAS OCEANA NOTICE 1754

Subj: HOLIDAY ASSISTANCE PROGRAM (HAP) FOR 2003

Encl: (1) Thanksgiving 2003 HAP Nomination Form
(2) Christmas 2003 HAP Nomination Form

1. Purpose. To promulgate the Naval Air Station (NAS) Oceana and Dam Neck Annex Holiday Assistance Program for Thanksgiving and Christmas 2003.

2. Background. HAP is a 18-year tradition whereby Navy and Marine Corps personnel and their families are helped through the generous spirit of their shipmates. The combined efforts of NAS Oceana and Dam Neck Annex during the 2003 HAP will consist of two elements:

a. Thanksgiving and Christmas "food baskets" assembled from donations of canned and nonperishable food items.

b. Thanksgiving and Christmas turkey dinners assembled from items obtained through the commissary.

3. Nomination Process

a. Separate nomination forms, enclosures (1) or (2), are required for Thanksgiving and Christmas. Forms shall be completed by the service member requesting assistance. Completed forms shall be reviewed by individual department representatives, and signed by the department representative and Leading Chief Petty Officer (LCPO) for either approval or disapproval. Forward all nominations to the HAP Coordinator by 17 November 2003, for Thanksgiving and 17 December 2003, for Christmas. Command representatives shall ensure that the service member requesting assistance will not be on leave out of the local area during the time of distribution.

b. Successful operation of the 2003 HAP greatly depends upon supervisors knowing the needs of people in their work centers. Chief petty officers/financial counselors of each department, squadron or tenant activity should evaluate their personnel for HAP nomination using the following criteria:

(1) E-3 and below (top priority)

(a) Single parent or spouse not employed

(b) Spouse employed, one child, no base housing

OCT 28 2003

(c) Spouse employed, two or more children

(2) E-4 (second priority)

(a) Single parent or spouse not employed, one child,
no base housing

(b) Spouse not employed, two or more children

(c) Spouse employed, three or more children

(3) E-5 (third priority)

(a) Single parent or spouse not employed, two or
more children, no base housing

(b) Spouse not employed, three or more children

(c) Spouse employed, four or more children

A service member requesting assistance who does not meet the above criteria, may be approved if assistance is recommended by the Department Master Chief or LCPO. In such a case, enclosures (1) and (2) must be completed.

4. Collection Process

a. The collection of canned or nonperishable food items begins immediately and will continue until 19 December 2003. Command HAP Representatives are responsible for placing a large, decorated collection box in a central location. Additionally, command representatives are responsible for storing and securing items collected. Donations will be transported to a central location (Building 240, Space E-15, Naval Air Maintenance Training Unit) and assembled into "food baskets" accompanied by turkey dinners.

b. Cash donations support Thanksgiving and Christmas turkey dinners prepared by the NAS Oceana Commissary.

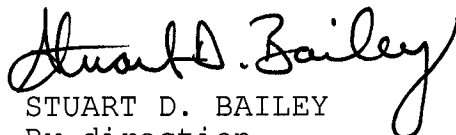
c. Assembly dates for "food baskets" and turkey dinners are 21 November for Thanksgiving and 19 December for Christmas. Individual HAP representatives are expected to arrange for delivery to recipients from their units.

5. Action

a. The NAS Oceana HAP Coordinator will supervise all HAP activities.

b. Department HAP representatives are expected to attend organization and progress meetings convened by the Command Master Chief or HAP Coordinator.

c. Commanding officers, officers in charge and department heads are requested to publicize this event and provide the name and telephone number of their HAP Representative to the 2003 HAP Coordinator, Chief Air Traffic Controller (Air Warfare/Surface Warfare) Holly Byron, Air Operations at 433-3471 no later than 31 October 2003.


STUART D. BAILEY
By direction

Distribution:
NASOCEANAINST 5216.1X
Lists I, III and IV

HOLIDAY ASSISTANCE PROGRAM NOMINATION FORM - THANKSGIVING 2003

- 1. Obtain Privacy Act signature from sponsor (spouse, if deployed).
- 2. Submit to the NAS Oceana HAP Coordinator not later than 17 November.
- 3. Retain copy for departmental records.

SPONSOR NAME: _____ RATE/RANK: _____

UNIT, DEPT, DIV: _____ PHONE: _____

SPOUSE NAME: _____ PHONE: _____

MILITARY: YES/NO EMPLOYED: YES/NO

HOME ADDRESS: _____

GOVERNMENT HOUSING: YES/NO HOUSING AREA: _____

CHILDREN:	AGE	GENDER	AGE	GENDER	AGE	GENDER	AGE	GENDER
	_____	M/F	_____	M/F	_____	M/F	_____	M/F
	_____	M/F	_____	M/F	_____	M/F	_____	M/F

MIRACLE TREE PROGRAM: YES/NO

BRIEF STATEMENT OF NEED: _____

MEMBER TAKING LEAVE: YES/NO LEAVING LOCAL AREA: YES/NO

PRIVACY ACT STATEMENT: Authority to collect this information is derived from 5 U.S.C., 301. The purpose is to provide background information for conducting the Holiday Assistance Program. The disclosure of requested information is completely voluntary. No penalties of any kind are attached.

Nominee Signature Date

RECOMMENDATION: The above named member has been reviewed for the Holiday Assistance Program. Respectfully recommend provision of a Holiday Food Basket.

Command HAP Representative Signature Date Telephone

Department Master Chief/
Leading Chief Petty Officer Signature Date Telephone
(Required for special cases)

HAP COORDINATOR: COMMAND MASTER CHIEF:

Signature Date Signature Date

Enclosure (1)

HOLIDAY ASSISTANCE PROGRAM NOMINATION FORM - CHRISTMAS 2003

1. Obtain Privacy Act signature from sponsor (spouse, if deployed).
2. Submit to the NAS Oceana HAP Coordinator not later than 17 December.
3. Retain copy for departmental records.

SPONSOR NAME: _____ RATE/RANK: _____

UNIT, DEPT, DIV: _____ PHONE: _____

SPOUSE NAME: _____ PHONE: _____

MILITARY: YES/NO

EMPLOYED: YES/NO

HOME ADDRESS: _____

GOVERNMENT HOUSING: YES/NO HOUSING AREA: _____

CHILDREN:	AGE	GENDER	AGE	GENDER	AGE	GENDER	AGE	GENDER
	_____	M/F	_____	M/F	_____	M/F	_____	M/F
	_____	M/F	_____	M/F	_____	M/F	_____	M/F

MIRACLE TREE PROGRAM: YES/NO

BRIEF STATEMENT OF NEED: _____

MEMBER TAKING LEAVE: YES/NO

LEAVING LOCAL AREA: YES/NO

PRIVACY ACT STATEMENT: Authority to collect this information is derived from 5 U.S.C., 301. The purpose is to provide background information for conducting the Holiday Assistance Program. The disclosure of requested information is completely voluntary. No penalties of any kind are attached.

Nominee Signature

Date

RECOMMENDATION: The above named member has been reviewed for the Holiday Assistance Program. Respectfully recommend provision of a Holiday Food Basket.

HAP Representative Signature

Date

Telephone

Department Master Chief/
Leading Chief Petty Officer Signature
(Required for special cases)

Date

Telephone

HAP COORDINATOR:

COMMAND MASTER CHIEF:

Signature

Date

Signature

Date

Enclosure (2)